Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-016632
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 4 Primary Registration District No. Registrar's No. 55

**1. PLACE OF DEATH**
a. COUNTY: Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Dale Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in Hospital: 6yrs

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Atchison
c. CITY OR TOWN: — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1 Mi. W. of Skidmore — Reside on Farm: Yes ☒ No ☐

**3. NAME OF DECEASED** (Type or print): First: AMANDA Middle: BLANCHE Last: SLEMONS

**4. DATE OF DEATH** Month: June Day: 7 Year: 1959

**5. SEX:** Female **6. COLOR OR RACE:** White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH:** July 21, 1900

**9. AGE** (In years last birthday): 58 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HRS.: Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY:** Own home
**11. BIRTHPLACE** (City and state or country): Atchison County, Mo.
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME:** C.K. Tripp
**13b. MOTHER'S MAIDEN NAME:** Margaret Walkup
**14. NAME OF HUSBAND OR WIFE:** Floyd Slemons

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.:** None
**17. INFORMANT:** Floyd Slemons Address: Skidmore Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be issued. All diseases in Part I must be causally related.

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastasis to Brain — 2 months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)
**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from May 1, 1959, to June 7, 1959 and last saw her alive on June 4, 1959
Death occurred at 4:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Edward G. Bane MD
**22b. ADDRESS:** Tarkio, Mo
**22c. DATE SIGNED:** 6/8/59

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE:** 6/9/59
**23c. NAME OF CEMETERY:** Walkups Grove
**23d. LOCATION** (City, town, or county) (State): Near Fairfax Mo.

**24. FUNERAL DIRECTOR** ADDRESS: Schooler Funeral Home Fairfax Mo.
**25. DATE RECD. BY LOCAL REG.:** June 8, 1959
**26. REGISTRAR'S SIGNATURE:** Marvin H. Schooler

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Marvin W. Schaeler

Licensed Embalmer No. 4162

P. O. Address Fairfax Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.